

ENTRY FORM - LIZARD BREATH / FENCE LINE RUN

FIRST NAME _____ LAST _____

STREET ADDRESS _____

CITY/STATE/ZIP _____

PHONE _____

EMERGENCY CONTACT # _____

E-MAIL _____

BIRTH DATE(MM/DD/YY) ____/____/____ AGE ____ SEX : ____M____F

BIB # _____

_____7.8 Mile Run _____3.4 Mile Walk

FEE - \$12____NONMEMBERS \$10 ____MEMBERS

PLEASE CIRCLE YOUR AGE GROUP BELOW

12&UNDER 13 – 16 17 – 19 20 – 29 30 – 39 40 – 49 50 – 59 60 – 69 70 – 79 80+

WAVIER: I realize that the event is physically strenuous, that there may be adverse weather and vehicles on the course. I wish to compete and assume the risks involved. I am in good health and have trained adequately. I authorize the race to provide medical attention to me at my expense. I assume the risk of injury at the crowded started or on the course. I give up any claims of injury that I might sustain, including death, and agree to hold harmless the Lompoc valley distance club, its directors, and officers, employees, and volunteers, suppliers, contractors, sponsors, the City of Lompoc, Toy 4 Tots, and anyone else connected with the race. I agree that the race may use photographs taken of me without compensation. I have read and understand all of this. I am making this agreement and paying my entry fee in exchange for the privilege of running this race and using the facilities provided by the race.

YOUR SIGNATURE

DATE

PARENT OR GUARDIAN
REQUIRED IF UNDER 18

DATE

